WONDER VALLEY CHRISTIAN CAMP
GRACE WEEKEND FACULTY REGISTRATION
November 8th-10th

***ATTENTION! Please note that the number of volunteers that we can accept is dependent on the number of campers that we have signed up for the retreat. Faculty will be chosen based on need and skill. Faculty may be placed on a waitlist based on camper needs.**

Last Name _____First Name _____Middle_____

Gender M F DOB _____ Age ____ Occupation _____

Address_____ City_____ State/Zip_____

Phone ( ) _____ TXT: Y N E-mail _____

Guardian/Spouse Name _____ Relationship _____

Phone ( ) _____ Cell ( ) _____

Home Church _____Minister _____Phone_____

Have you accepted Christ and been baptized? YES NO When?_____

List experience with disabled persons (None required, just a willingness to serve)

Have you ever been convicted of a felony? YES NO If yes, explain_____

Have any type of allegations of physical or sexual misconduct been filed or suspected of you?
YES NO If yes, explain _____

MEDICAL INFORMATION:
Significant past medical history, physical limitations, illness, injuries_____

Allergies? Yes No _____

Do you currently take any medication (Include over-the-counter medication)? YES NO
If yes, please fill out the chart below: *Used by Nurses in case of emergency*

NAME OF MEDICATION AND DOSE OF EACH PILL	DOSAGE AT EACH TIME	TIME	ROUTE	REASON PRESCRIBED

Do any of these medications need to be carried on your person in case of emergency? (Rescue inhalers, Epi-pen, etc) YES NO List: _____

List 2 Emergency Contacts:

Emergency Contact Name _____ Relationship _____

Phone ( ) _____ Cell ( ) _____

Emergency Contact Name _____ Relationship _____

Phone ( ) _____ Cell ( ) _____

List 1 Physician:

Primary Physicians Name _____

Phone ( ) _____ Alt. Phone ( ) _____

Are you CPR certified? YES NO Date Last Certified _____

LIST 2 REFERENCES (*NON-FAMILY MEMBERS*) **(New Faculty Only)**

Name_____ Relationship _____

Address_____ City_____ State/Zip_____

Phone ( ) _____ Alt. Phone ( ) _____ E-Mail _____

Name_____ Relationship _____

Address_____ City_____ State/Zip_____

Phone ( ) _____ Alt. Phone ( ) _____ E-Mail _____

AGREEMENT

I, _____, certify that the information that I have provided on this registration for "GRACE Week" faculty is true and accurate. I further agree to abide by the terms, limitations, and guidelines specified in the camp policies and the training provided for GRACE Week. I accept full responsibility for all of my personal belongings, including any that might be lost, damaged or stolen during the course of the GRACE Week sessions. I request that the camp assist me in obtaining any necessary emergency medical treatment.

FACULTY SIGNATURE _____ DATE _____

*****ANY FACULTY UNDER 18 MUST HAVE BELOW PORTION FILLED OUT AND SIGNED BY PARENT*****

I, _____ (parent/guardian of applicant), certify that I have read and reviewed this application and the policies and support my son's/daughter's efforts in serving as a member of the faculty for GRACE Week at Wonder Valley. I request that the camp assist my child, _____, in obtaining any necessary emergency medical treatment.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please email this registration by October 25th to the GRACE Week Deans as follows:

Kelsey Bigelow
kelseyrbigelow@gmail.com
812-595-5869

or

Bailey Couch
bailey.jayde.couch@gmail.com
(502) 689-2245